

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36550

FILED NOV 12 1957

BIRTH NO. _____		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 5667		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural Bedford		c. LENGTH OF STAY (in this place) 7 wks		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hosp.				e. STREET ADDRESS (If rural, give location) 6 Mi. S.E. of Troy MO.			
3. NAME OF DECEASED (Type or Print)		a. (First) JAMES		b. (Middle) FREDERICK		c. (Last) DEGENHARDT	
4. DATE OF DEATH		a. (Month) November		b. (Day) 6		c. (Year) 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 9, 1895	
9. AGE (in years last birthday) 62		10. MONTHS 9		11. DAYS 27		12. HOURS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dental Repair Man		10b. KIND OF BUSINESS OR INDUSTRY Government Employee		11. BIRTHPLACE (City and State or Foreign Country) Hollidayburg Penn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Pies Dagenhardt		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Nora Dagenhardt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Nora Dagenhardt		18. ADDRESS Troy MO.		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CARCINOMA, PANCREAS		INTERVAL BETWEEN ONSET AND DEATH 6 mos		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21. DATE SIGNED 11/7/57	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		22. I hereby certify that I attended the deceased from 8-15, 1956, to Nov. 6, 1957, that I last saw the deceased alive on 11/6/57, 19, and that death occurred at 8:15 A.M., from the causes and on the date stated above.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		23a. SIGNATURE (Degree or title) Doris P. Heltlage M.D.	
23b. ADDRESS Troy, MO		23c. DATE SIGNED 11/7/57		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 8, 1957	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St Louis County MO.		25. FUNERAL DIRECTOR'S SIGNATURE Wayne McCoy		25. ADDRESS Wayne McCoy Troy MO	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 15 1957

NS
MAY 4 1958

JAN 6 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3588

P. O. Address Troy, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.